FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44448 (1)

TRANSITIONAL CONNECTIONS INTERNATIONAL, INC.

% LENAMAY P NELSON P.O. BOX 681076 MIAMI FL 33168	% LENAMAY P NELSON P.O. BOX 681076 MIAMI FL 33168

3. Date of Incorporation / Qualification: 06/28/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0281337 — Applied For / Not Applicable
5. Certificate of Status Desired: ☐ — $8.75 Additional Fee Required
6. Fee for Certified Copies: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ — $68.75 Supplemental Fee Not Required
8. Is the corporation subject to automatic tax under § 220.02, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NELSON, LENAMAY P.
6110 NW 20TH AVE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.193, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, within the State of Florida. The corporation is aware that any net effect of this statement is permitted only to the extent necessary to comply with Section 607.193, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR(S)

Title	D
Name	LOGAN, WILLIE
Address	14251 NW 41ST AVE
City/State/Zip	MIAMI FL
Title	DPS
Name	NELSON, LENAMAY P
Address	6110 NW 20TH AVE
City/State/Zip	MIAMI FL
Title	DVT
Name	WILSON, ANNE L
Address	1832 RACQUET CT
City/State/Zip	N LAUDERDALE FL
Title	D
Name	ROMINE, AARON
Address	2925 GOVERNORS CT
City/State/Zip	MARIETTA GA
Title	D
Name	MCKENZIE, WILFRED
Address	3280 NW 48TH TER
City/State/Zip	MIAMI FL

13. ADDITIONAL OFFICER/DIRECTOR DATA — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

634-4192

0044055